

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Tourism Statement

A new, transfer, or renewal application for a Beverage Dispensary – Tourism or Restaurant/Eating Place – Tourism license must be accompanied by a written statement that explains how the establishment encourages tourism and meets the requirements listed under AS 04.11.400(d) and 3 AAC 304.325.

This document must be completed and submitted to AMCO's main office before any tourism license application will be reviewed.

	Section	1 7 – Establi	shment Info	rmation		
nter information for the bu	siness seeking to ha	ive its license rene	wed.	1	~	
Doing Business As:	Gilpat	rick's Ho	tel Chitin	a the	License #:	4556
License Type:			Dispensar		orism	
	Sec	tion 2 – Tou	ırism Statem	nent		
1. Explain how issuance of	a liquor license at	your establishmer	t has/will encourag	e tourism.		
hiting is on	the way	to Wrance	ell-StE	Tiens /	Vatinal	Park The
are no other	places to	ent, drink	or sleep	befor	re the	gravel roa
trek to the	bark, We	provide	toorists u	with a	good for	I and bever
thiting is on are no other trek to the and a place	to sleep	before t	hey trave	el in	to the	Dark.
2. Explain how the facility						
The building w	as built	In 1914	as a com	unity	hall, I	It was conver
The building we to a holet in	the 1950	15, In t	he early	20005	the Oil	patrick yp
it to 2003 We continue	bulders	codes and	d opened	it to	travelo	ers in 2006
We continue	to add	and im	prove as	resc	vrces	become
available	to do	50, IT	is a Key	compo	nent for	r travel to t
			/		YES	NO a
B Does the licensee or app			ate the		X	
tourism facility in which	this license is loca	tea?				
I If "no" who operates the	tourism facility?					
	-		***			



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2.5 Do you offer room rentals to the traveling public?	YES	NO
If "yes" answer the following questions:		
How many rooms are available?		
How many of the available rooms (if any) have kitchen facilities (defined as: a separate sink with refrigeration and cooking appliance devices, including a microwave)?	for food prepara	ation along
Do you stock or plan to stock alcoholic beverages in guest rooms?	YES	NO
If "no" is your facility located within an airport terminal?	YES	NO
2.6 If your establishment includes a dining facility, please describe that facility. If it does not please	write "none".	
40 seat restaurant 8 seat bar		
8 seat bar		
2.7 If additional amenities are available to your guests through your establishment (eg: guided tour guests, other activities that attract tourists), please describe them. If they are not offered, please w	rs or trips, rental	equipment for
none		

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD FORM CONTROL

LICENSE NUMBER

XXXX

ISSUED 2/24/2022 ABC BOARD LIQUOR LICENSE 2022 - 2023

4556

LICENSE RENEWAL APPLICATION DUE DECEMBER 31, 2023 (AS 04.11.270(b))

TEMPORARY

THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2024 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispen

LICENSE FEE: \$2,500.00

1106

Gilpatrick's Hotel Chitina D/B/A:

Corner of Fairbanks & Main St.

Mail Address:

Gilpatrick's Hotel Chitina, Inc.

PO Box 2886

Valdez, AK 99686

Outside City Limits CITY / BOROUGH: Unorganized Borough

This license cannot be transferred without permission of the Alcoholic Beverage Control Board

[] Special restriction - see reverse side

ISSUED BY ORDER OF THE ALCOHOLIC BEVERAGE CONTROL BOARD

04-900 (REV 7/21)

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD FORM CONTROL

LICENSE NUMBER

XXXX

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2022 - 2023

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ISSUED BY ORDER OF THE ALCOHOLIC BEVERAGE CONTROL BOARD

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES 04-900 (REV 7/21)

D/B/A:

Gilpatrick's Hotel Chitina Corner of Fairbanks & Main Street

Mailing Address:

Gilpatrick's Hotel Chitina, Inc.

PO Box 2886

Valdez, AK 99686



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2022-2023 Master Checklist: Renewal License Application

Doing Business As: Gilp		License Number:	4556			
License Type: Rev	erage Disper	nsary - Touris	m			
Examiner:	MM			Transaction #:	100322479	
Document	Received	Completed	Notes			
AB-17: Renewal Application	12/22	22422				
App and License Fees	12/22	22422				
Supplemental Document	Received	Completed	Notes			
Tourism/Rec Site Statement	12/22	2 24 22				
AB-25: Supplier Cert (WS)		('1				
AB-29: Waiver of Operation						
AB-30: Minimum Operation				······································		
AB-33: Restaurant Affidavit				<u> </u>		
COI / COC / 5 Star / FAA Cert	,					
FP Cards & Fees / AB-08a						
Late Fee						
Names on FP Cards:						
Yes / No N/A						
CBPL Entity Printout included	?	\square				
Business License Copy include	ed?					
Background(s) Completed & Date:						
Special Consideration: Board Meeting Date: 412 2021						
LGB Sent Date:		LGB Dead	line Date:	· ·		
LGB 1 Name: LGB 2 Name:						
Waive Protes	t Lapse	d Wai	ve Pro	test Lapsed		



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Form AB-17: 2022/2023 General Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2021 per AS 04.11.270, 3 AAC 304.160, with all required fees paid in full, or a non-refundable \$500.00 late fee applies.
- Any complete application for renewal or any fees for renewal that have not been postmarked by 02/28/2022 will be expired per AS 04.11.540,3 AAC 304.160(e).
- All fields of this application must be deemed complete by AMCO staff and must be accompanied by the required fees and all documents required, or the application will be returned without being processed, per AS 04.11.270, 3 AAC 304.105

Establishment Contact Information

Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees in any way that an application will be deemed complete, renewed, or that it will be scheduled for the next ABC Board meeting.

Licensee (Owner):	Gilpatrie	ice Hotel	Chit	ina The	License #:	4556
License Type:	Revera	se Dice	lasa	TO	2015110	
Doing Business As:	abov	GILDAT	n/K's	Hotel Chi-	Film/1/10	
Premises Address:	corner o-	f Fairh	and Vc	& Main	SL	
Local Governing Body:		·	4///	- July	-ST	
Community Council:	none	L				
If your mailing address h	as changed, write tl	he NEW address	below:			
Mailing Address:						
City:			State:		ZIP:	
Contact Licensee:	Susan	Gilpatr	i ck	Contact Phone	907	7-255-202
Contact Licensee: The ind must be listed on CBPL with t This person will be the design	the same name and titl	<u>le.</u>				
Contact Licensee:	Susan	Birnata	1010	Contact Phone	: 9n-	7-255-200
Contact Email:	20300	ottputi	COC		10	LI WE
Optional: If you wish for AMCO Name of Contact:) staff to communicate v	vith anyone other th	an the Conta			em below:
Contact Email:				Contact Phone): -	
Contact Linan.						
Name of Contact:				Contact Phone	:	
Contact Email:						
Name of Contact:				Contact Phone	:	
Contact Email:			V 888 C			
Form AB-171 (rev09/21/2021)					AMCO	Dags 1 of 4

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Alaska Alcoholic Beverage Control Board

Form AB-17: 2022/2023 License Renewal Application

Section 2 - Entity or Community Ownership Information

Sole Proprietors should skip this Section.

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #. https://www.commerce.alaska.gov/cbp/main/search/entities

Alaska CBPL Entity #:	97275
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READ BEFORE PROCEEDING: Any new or changes to Shareholders (10% or more), Managers, Corporate Officers, Board of Directors, Partners, Controlling Interest or Ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI-approved card stock, AB-08a's, payment of \$48.25 for each new officer with a date-stamped copy of the CBPL change per AS 04.11.045, 50 & 55, or a Notice of Violation will be issued to your establishment and your application will be returned.

The only exception to this is a Corporation who can meet the requirements set forth in AS 04.11.050(c).

DO NOT LIST OFFICERS OR TITLES THAT ARE NOT REQUIRED FOR YOUR ENTITY TYPE.

- Corporations of any type including non-profit must list ONLY the following:
 - o All shareholders who own 10% or more stock in the corporation
 - o Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of <u>any</u> type must list ONLY the following:
 - o All Members with an ownership interest of 10% or more
 - o All Managers (of the LLC, not the DBA) regardless of percentage owned
- Partnerships of any type, including Limited Partnerships must list ONLY the following:
 - o Each Partner with an interest of 10% or more
 - o All General Partners regardless of percentage owned

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, all required titles, phone number, percentage of shares owned (if applicable) and a full mailing address for each official of your entity whose information we require. If more space is needed: attach additional completed copies of this page. Additional information not on this page will be rejected. Name of Official: Title(s): 907-255-2020 Phone: % Owned: MO **Mailing Address:** City: State: ZIP: 99686 Name of Official: Title(s): Phone: % Owned: **Mailing Address:** City: State: ZIP: Name of Official: Title(s): Phone: % Owned: **Mailing Address:** City: State: ZIP:

AMCO



Alaska Alcoholic Beverage Control Board

Form AB-17: 2022/2023 License Renewal Application

Section 3 - Sole Proprietor Ownership Information

Corporations, LLC's and Partnerships of ALL kinds should skip this section.

READ BEFORE PROCEEDING: Any new or changes to the ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI approved cardstock, AB-08a's, payment of \$48.25 for each new owner or officer and a date stamped copy of the CBPL change per AS 04.11.045, or a Notice of Violation will be issued to your establishment and your application will be returned.

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, phone number, and mailing address for each owner or partner whose information we require. If more space is needed, attach additional copies of this page. Additional owners not listed on this page will be rejected. This individual is an: Applicant **Affiliate** Name: **Contact Phone: Mailing Address:** City: State: ZIP: Email: This individual is an: **Applicant Affiliate** Name: **Contact Phone: Mailing Address:** City: State: ZIP: Email: **Section 4 - License Operation** Check ONE BOX for EACH CALENDAR YEAR that best describes how this liquor license was operated: The license was regularly operated continuously throughout each year. (Year-round) The license was only operated during a specific season each year. (Seasonal) If your operation dates have changed, list them below: The license was only operated to meet the minimum requirement of 240 total hours each calendar year. A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form. The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both calendaryears. A complete Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated. If you have not met the minimum number of hours of operation in 2020 and/or 2021, you are not required to pay the fees, however a complete AB-29 is required with Section 2 marked "OTHER" and COVID is listed as the reason. Section 5 - Violations and Convictions Yes No Have ANY Notices of Violation been issued for this license OR has ANY person or entity in this application been convicted of a violation of Title 04, 3AAC 304 or a local ordinance adopted under AS 04.21.010 in 2020 or 2021?

If you checked YES, you MUST attach a list of all Notices of Violation and/or Convictions per AS 04.11.270(a)(2)

If you are unsure if you have received any Notices of Violation, contact the office before submitting this form.

AMCO



Alaska Alcoholic Beverage Control Board

Form AB-17: 2022/2023 License Renewal Application

Section 6 - Certifications

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, are true, correct, and complete.

- I agree to provide all information required by the Alcoholic Beverage Control Board or requested by AMCO staff in support of
 this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this
 application being returned and potentially expired if I do not comply with statutory or regulatory requirements.
- I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.
- I certify that this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity officials and stakeholders are current and accurately listed, and I have provided AMCO with all required changes of Shareholders (10% or more), Managers, Corporate Officers/Board of Directors, Partners, Controlling Interest or Ownership of the business license, and have provided all required documents for any new or changes in officers.
- I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of patrons
 have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their
 course completion cards on the licensed premises during all working hours, if applicable for this license type as set forth
 in AS 04.21.025 and 3 AAC 304.465.
- I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name from what is currently approved and on file with the Alcoholic Beverage Control Board.

I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

1 fm	l	REEVES MILLION EXPONENTS	Lara E Rieres
Signature of licensee		S. Surris	Signature of Notary Public
Susan M	Cilpatride	Notary Public in a	nd for the State of: Alaska
Printed name of licensee	•	PUBD Aug 12. OF S	My commission expires: 8 12 23
	Subscribed and	d sworn to before me this 20	thoday of December, 2021.

Restaurant/Eating Place applications must include a completed AB-33: Restaurant Receipts Affidavit
Recreational Site applications must include a completed Recreational Site Statement
Tourism applications must include a completed Tourism Statement
Wholesale applications must include a completed AB-25: Supplier Certification
Common Carrier applications must include a current safety inspection certificate

All renewal and supplemental forms are available online

Any application that is not complete or does not include ALL required completed forms and fees will not be processed and will be returned per AS 04.11.270, 3 AAC 304.105.

FOR OFFICE USE ONLY

[Form AB-17] (rev09/21/2021)

License Fee:	\$ Application Fee:	\$ 300.00	Misc. Fee:	\$
	Total Fees Due:			\$

AMCO

Details

ENTITY DETAILS

Name(s)

 Type
 Name

 Legal Name
 Gilpatrick's Hotel Chitina, Inc.

Entity Type: Business Corporation

Entity #: 97275

Status: Good Standing

AK Formed Date: 11/17/2005

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2023

Entity Mailing Address: PO BOX 2886, VALDEZ, AK 99686

Entity Physical Address: MILE 10.5 RICH HWY, VALDEZ, AK 99686

Registered Agent

Agent Name: Susan M Gilpatrick

Registered Mailing Address: PO BOX 2886, VALDEZ, AK 99686

Registered Physical Address: CORNER OF FAIRBANKS AND MAIN STREET, CHITINA, AK 99566

Officials

			Show Former
AK Entity #	Name	Titles	Owned
	Susan Gilpatrick	Director, President, Secretary, Shareholder, Treasurer, Vice President	100.00

Filed Documents

Date Filed	Туре	Filing	Certificate
11/17/2005	Creation Filing	Click to View	Click to View
12/31/2006	Biennial Report	Click to View	
12/30/2008	Biennial Report	Click to View	
12/28/2011	Biennial Report	Click to View	
10/29/2013	Biennial Report	Click to View	
7/29/2015	Biennial Report	Click to View	
2/19/2017	Biennial Report	Click to View	
10/31/2019	Admin Dissolution		Click to View
9/02/2020	Biennial Report	Click to View	
9/02/2020	Reinstatement		Click to View

Date FiledTypeFilingCertificate8/14/2021Biennial ReportClick to View

Close Details

Print Friendly Version

Print Business License

License Detail

LICENSE DETAILS

License #: 996347

Business Name: GILPATRICKS HOTEL CHITINA INC

Status: Active

Issue Date: 10/29/2013

Expiration Date: 12/31/2022

Mailing Address: PO BX 2886

VALDEZ, AK 99686-2886

Physical Address: MILE 33 EDGERTON HWY

CHITINA, AK 99566

Owners

GILPATRICK'S HOTEL CHITINA, INC.

Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	722110 - FULL-SERVICE RESTAURANTS	
72 - Accommodation and Food Services	721110 - HOTELS (EXCEPT CASINO HOTELS) AND MOTELS	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

Start Date	End Date
1/1/2020	2/4/2021

Close License Detail

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